

AHCCCS PMMIS - PROVIDER TYPE NPI INDICATOR
As of 1/16/2007

TYP	DESCRIPTION	NPI REQUIRED
A2	LEVEL III BEHAVIORAL HTH	Y
A3	COMMUNITY SERVICE AGENCY	Y
A4	LIC INDEP SUBSTANCE ABUSE	Y
A5	THERAPEUTIC FOSTER CARE P	Y
A6	RURAL SUBSTANCE ABUSE TRA	Y
A7	RESPITE	N
B1	RESID TRTMNT CTR-SECURE	Y
B2	RESID TRTMNT CTR-NON-SEC	Y
B3	RESID TRTM CTR-NON-SECURE	Y
B5	SUBACUTE FACILITY (1-16 B	Y
B6	SUBACUTE FACILITY (17+BED	Y
B7	CRISIS SERVICES PROVIDER	Y
C1	ACUPUNCTURIST	N
C2	FEDERALLY QUALIFIED HEALT	Y
C3	FAMILY PLANNING SERVICES	Y
DG	DOC GENERAL PROVIDER	Y
DN	DOC NON-PAY PROVIDER	Y
D1	DENTIST-ENDODONTIST	Y
D2	DENTIST-PEDODONTIST	Y
D3	DENTIST-ORAL SURGEON	Y
D4	CLINIC - DENTAL SERVICES	Y
E1	INDEPENDENT TESTING FACIL	Y
F1	FISCAL INTERMEDIARIES	N
G1	EXERCISE PHYSIOLOGISTS	N
H1	DD/MR	N
01	GROUP-PAYMENT ID	N
02	HOSPITAL	Y
03	PHARMACY	Y
04	LABORATORY	Y
05	CLINIC	Y
06	EMERGENCY TRANSPORTATION	Y
07	DENTIST	Y
08	MD-PHYSICIAN	Y
09	CERTIFIED NURSE-MIDWIFE	Y
10	PODIATRIST	Y
11	PSYCHOLOGIST	Y
12	CERTIFIED REGISTERED NURS	Y
13	OCCUPATIONAL THERAPIST	Y
14	PHYSICAL THERAPIST	Y
15	SPEECH/HEARING THERAPIST	Y
16	CHIROPRACTOR	Y
17	NATUROPATH	Y
18	PHYSICIANS ASSISTANT	Y
19	REGISTERED NURSE PRACTITI	Y
20	RESPIRATORY THERAPIST	Y
21	MASSAGE THERAPIST	N
22	NURSING HOME	Y
23	HOME HEALTH AGENCY	Y

24	PERSONAL CARE ATTENDANT	N
25	GROUP HOME (DEVELOPMENTAL	N
26	MIPS SPEECH THERAPIST/AUD	Y
27	ADULT DAY HEALTH	N
28	NON-EMERGENCY TRANSPORTAT	N
29	COMMUNITY/RURAL HEALTH CE	Y
30	DME SUPPLIER	Y
31	DO-PHYSICIAN OSTEOPATH	Y
32	MEDICAL FOODS	N
33	REHABILITATION CENTER	Y
34	CASE MANAGEMENT SERVICES	N
35	HOSPICE	Y
36	ASSISTED LIVING HOME (FOR	N
37	HOMEMAKER	N
38	DEVELOPMENTALLY DISABLED	N
39	HABILITATION PROVIDER	N
40	ATTENDANT CARE	N
41	DIALYSIS CLINIC	Y
43	AMBULATORY SURGICAL CENTE	Y
44	ENVIRONMENTAL (LTC)	N
45	COUNTY PHASE IN	N
46	NURSE (PRIVATE-RN/LPN)	Y
47	REGISTERED DIETICIAN	N
48	NUTRITIONIST	N
49	ASSISTED LIVING CENTER	N
50	ADULT FOSTER CARE	N
53	SUPERVISORY CARE HOME	N
54	DENTAL HYGENIST	Y
55	HOTELS	N
56	BOARDING HOME	N
57	RESIDENTIAL TREATMENT FAC	N
58	STATE SCHOOL FOR DEAF AND	N
59	DENTAL LAB	Y
60	BLOOD BANK	N
61	EYE BANK	N
62	AUDIOLOGIST	Y
63	DRUG AND ALCOHOL REHAB	Y
64	DETOX CENTER	Y
67	PERFUSIONIST	Y
68	HOMEOPATHIC	Y
69	OPTOMETRIST	Y
70	HOME DELIVERED MEALS	N
71	PSYCHIATRIC HOSPITAL	Y
72	REGIONAL ADMINISTRATIVE E	N
73	OUT-OF-STATE ENC OR 1 TIM	N
74	ALTERNATIVE RESIDENTIAL F	N
77	MENTAL HEALTH REHABILITAT	Y
78	MENTAL HEALTH RESIDENTIAL	Y
79	VISION CENTER	Y
80	DHS MHS PROVIDER	N
81	EPD HCBS	N
82	SURGICAL FIRST ASSISTANT	Y
83	FREE-STANDING BIRTHING CE	Y
84	LICENSED MIDWIFE	Y
85	LICENSED CLINICAL SOCIAL	Y
86	LICENSED MARRIAGE & FAMIL	Y

87	LICENSED PROFESSIONAL COU	Y
88	SCHOOL BASED GUIDANCE COU	N
89	SCHOOL BASED CERTIFIED SC	Y
90	QMB ONLY PROVIDER	Y
91	QMB ONLY RECIPIENT	N
92	SCHOOL BASED BUS TRANSPOR	N
93	SCHOOL BASED ATTENDANT CA	N
94	SCHOOL BASED NURSE (RN/LP	Y
95	NON-MEDICARE CERTIFIED HO	N
96	NON-EMERGENCY TRANSPORTAT	N
97	AIR TRANSPORTATION	Y
98	CASE MANAGER	Y
99	EVS/NON-SERVICE PROVIDER	N

Please note some of the listed Provider Types are only utilized by Hawaii and are not applicable for Arizona use.